2001

WISCONSIN ESTIMATED TAX VOUCHER

FORM

1-ES

File only if submitting payment.

Make your check payable to and mail your voucher to:
Wisconsin Department of Revenue
Post Office Box 2942
Milwaukee, WI 53201-2942

	Calendar year du	e dates:	Fiscal year filers:				
	Apr 16, 2001	Sep 17, 2001	Enter				
	Jun 15, 2001	Jan 16, 2002	year ending				
			(month and year)				
Check box if address changed and new address was not provided on a prior payment voucher							
er	Check the boxes below which apply to you						
	Trust	Trust (Enter FEIN as "your social security number")					

Your last name	Your first name and initial	Your soci	al security number	Check the boxes below which apply to you
				Trust (Enter FEIN as "your social security number"
Spouse's last name	Spouse's first name and initial	Spouse's	social security number	Estate (Enter decedent's social security number)
				Individual (or Joint)
Home address (number and street or rural route)		Telephon	e number	Extension or Electronic Return Payment
City or post office		State	Zip code	
				AMOUNT OF PAYMENT \$
		Please do not staple your payment to this voucher		